

**MULTIPLE DEPENDENT CLAIM
FEE CIRCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL

10/541213

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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50		/		/		
TOTAL IND.	5		2			
TOTAL DEP.	40		29			
TOTAL CLAIMS	51		31			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						